

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/56433

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | | | 9 | | 9 | |
| TOTAL CLAIMS | | | 70 | | 70 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | 1 | | 1 | |
| TOTAL DEP. | | | 9 | | 9 | |
| TOTAL CLAIMS | | | 70 | | 70 | |